

NH EMS Medical Control Board**MEETING MINUTES** (Not Approved)**January 17, 2019**

9:00AM

Richard M. Flynn Fire Academy
Classrooms 5 & 6, Dormitory Building
98 Smokey Bear Blvd., Concord, NH 03301

Quorum: 7 members required (currently 13 positions on the MCB)**Members present :**

Joey Scollan (Chair), John Freese, Patrick Lee, Joshua Morrison, Michelle Nathan, Andrew Seefield, Thomas Trimarco, Harry Wallus **(8)**

Members absent:

Kenneth Call, Trevor Eide, Frank Hubbell, Nicholas Larochelle James Suozzi, Brian Sweeney **(6)**

Pending members present:

Robert Rix **(1)**

NH FST&EMS Staff:

Assistant Director Jeffrey Phillips; Chief of Strategy & Planning Nick Mercuri; Bureau Chief – EMS Justin Romanello; Captain Vicki Blanchard; Joanne Lahaie, and Gerard Christian (notes) **(5)**

Guests:

Brian Allard, Michael Avellino, Craig Clough, Nathan Denio, Steven Desrosiers, Doug Devine, Jeff Dropkin, Jeanne Erickson, Steve Erickson, Bruce Goldthwaite, Chuck Hemeon, Fred Heinrich, Eric Jaeger, Jeremy LaPlante, Aaron McIntire, Michael McShane, Clay Odell, Anna Sessa, Dale Spnihower, Jeffrey Stewart, Maureen Quirk **(21)**

I. Welcome

a. Meeting called to order at 0905hrs by chair Scollan. Introductions / Disclosures / Membership
Awaiting a letter for Dr. Rix to replace Dr. Larochelle from Concord.

Motion Made (Freese/Morrison) to ratify Trimarco term retro to November 30, 2018, **passed unanimously w/ Trimarco abstaining**

II. Approval of the minutes

Motion Made (Nathan/Morrison) to approve the November 15, 2018 minutes as written. **Passed unanimously.**

III. Division / Committee Reports

a. Bureau of EMS and Division updates

Chief Romanello – Bureau of EMS:

- AG office went to TMRC, reviewed rules recommendations; this opportunity is available to every board and commission.

- Changes to the website, new educational opportunities listed on site. Two sections outside opportunities and Division sponsored opportunities
- 2016 ACS document and NHTSA-TAT documents and the town hall meetings notes are also re-released on the site under surveys and forms
- Romanello has also updated the communications list and bureau functions on the site so that calls can be relayed appropriately.
- Union Leader published a report re: NHTSA report. The report helped the Division to propel into the future, and raised awareness at high levels of state government.
- Continuing to meet on training agencies and MIH with the Coordinating Board
- Teleconferencing is available for hospitals and the North Country facilities. This was successfully tested yesterday, makes education available for all hospitals
- PT listing for EMS instructors and an initial EMS program coordinator
- Anxiety protocol- Romanello reached out to NASEMSO, 25 states replied to his survey, no other states are doing anything w/ anxiety at this time. Romanello – this is a good thing, and speaks to the level of medicine that we are providing here.

Chief Mecuri – Strategy & Planning

- 9 Bills Being Monitored:
 - HB 224- Rep. Prolux- EMS LODD went to hearing, includes privates that do emergency work, exec. Covers any ambulance crew engaged in emergency work. Session next week, Bill has gone to ED&A – please reach out with input to the committee, very early in the process.
 - FR suicide bill- to examine the high levels of Suicide among FRs
 - PTSD- bill in senate to cover PTSD in workers comp, this group was rep'd by Fire/EMS/PD and NAMI
 - Insurance reimbursement bill- relevant to ED's not through BEMS, regarding reimbursement through final diagnosis
 - Another bill- out for EMS balanced billing
 - Another bill- to expand CISD team to formally include dispatchers
 - Another bill- to put Emergency kits in schools
- SAMSHA GRANT – MIH Opioid related house calls
 - Applications 5 in, 2 in pipeline
 - G&C soon (hopfully jan/feb)
 - Regional program covering 15 communities
 - ~10 programs by end of year
 - May be able to roll some unused funding from year 1 (~400K) into yr 2/3
- b. Coordinating Board update
 - J. Morrison reported. The CB meeting was held on November 15, 2018
 - Highlights of the November meeting:
 - Biggest discussion re: changes/ process in legalization of protocols, after considerable discussion, protocols now legal.
 - Changes remove JLCAR and allows the protocols to become
 - Here is the link to the minutes for CB meetings:
<https://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>
- c. Trauma Medical Review Committee update
 - See notes from J. Romanello above. The TMRC met on December 19, 2018.
 - The next meeting of the TMRC is scheduled for February 20, 2019 at 9:30AM.
 - Here is the link to the minutes for TMRC meetings:
https://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html

d. Drug Diversion meeting

Jeff Stewart reported. The sub-committee has had no further activity since their report at the last meeting. Next meeting 01/31/19 1500 here at academy

IV. Protocol

Report submitted by Vicki Blanchard:

Restraints:

An updated restraint protocol was presented. Considerable discussion regarding the continued use of physical restraint after chemical restraint in if the patient does or does not meet criteria for physical restraint, and the role of medical control/orders ensued. No consensus on language or the role of orders could be reached by the MCB.

Additionally the Ketamine pedi dose is 2mg/kg, suggestion is 4mg/kg – Mike noted 4mg/kg is adult dose.

Motion Made (Wallus/Trimarco) to send restraint protocol to protocol committee for continued discussion **passed unanimously**

Infection Control:

Grammatical changes were made. Discussion ensued re: the requirement to complete and send the bureau an Emergency Response/Public Safety Worker Incident Report Form for exposed workers. The form is out dated and no longer available.

Motion made (Trimarco/ Seefield) to strike the requirement for the Emergency Response/Public Safety Worker Incident Report Form **passed unanimously**

Behavioral:

There had been questions on the PO dosing of benzos, specifically noted that the PO midazolam is off-label. Mike from pharmacy did not give recommendation

Baby Safe Haven:

No change

Bariatric

Grammatical changes

Communication Failure:

No change

Communication:

No change

Consent to Treat a Minor:

Grammatical and organizational changes only – **Blanchard will confirm the definition of adolescent patient**

Continuity of Care:

No Change

Crime Scene:

AG's office has requested better documentation regarding the location of EMS needle punctures. Discussion ensued if this is an educational piece. **Scollan will issue an educational bulletin**

Motion Made (Wallus/Nathan) To accept remaining protocols as written **passed unanimously**

V. Old Business

a. Cardiac Arrest / CARES update

Freese Reported: Hospitals are coming online, there is continued working on getting additional facilities online and documenting.

Each record takes About 11 minutes to complete many facilities have only a few cases/ month per hospital

Should be a minimal commitment on the HR of the hospital, reaching out to ems coordinators for more information and better contacts

b. Shelter Care provided by EMS

Mercuri Reported: Working in background, will have more for March. Working on merging the NFPA documents w/ local experience (Chief Close, Rochester) May come down to some local interpretation expect a more formal document in March.

c. Role of the Medical Director within the MRH

Mercuri Reported: Meeting in December w/ stakeholders Collected challenges and barriers from the hospitals, labor, the Division, and other stakeholders. We are continuing to gather information and will pull information form NASEMSO, NHTSA and other local sources to develop a useful way forward. Scollan notes that we are one of the only states without robust legal authority for medical director in law.

VI. New Business

a. Prehospital Physician Certification

Conf. Call on December 13, 2018. There was considerable discussion on oversight clinical oversight state v/ local control and then in an operational sense should be on the ems unit. Discussion continues, another meeting pending in February 2019. There is good ground work being laid, will be able to move forward in the future.

b. Nitronox Best Practice

Blanchard asked should the Division develop a best practice for the use of Nitronox within EMS agencies? The board questioned if this was an educational issue, or a storage issue.

Morrison notes that this has helped services in his area to alleviate the stress on their paramedic coverage for pain management.

Division looking for the support of MCB to go to the best practices committee to develop a program

VII. Topics Ad Libitum

Dr. Rix noted that Epi is included in the Asthma COPD RAD protocol and Noted that Epi is a relative contraindication in COPD patient.

Motion Made (Morrison/Nathan) to send Asthma COPD RAD back to protocol committee for discussion of the role of Epi and or grammatical changes to mimic the pediatric asthma/RAD protocol.

Passed Unanimously

A. McIntire noted that currently Bougie assisted surgical cric listed in protocol listed as a one year renewal. This is creating difficulty to provide the training in the off years from the RSI Training.

Motion Made (Morrison/Freese) to amend the prerequisite protocol for surgical cric to a 2 year cycle concurrent w/ RSI **passed unanimously.**

VIII. Adjournment

Motion Made (Wallus/Nathan) – to adjourn at 10:40AM; passed unanimously.

Next Meeting: March 21, 2019

(Minutes written by Gerard T. Christian, AS, NRP Clinical Systems Program Coordinator)

DRAFT